



## Cognitive Symptoms Questionnaire for families and spouses

This form is to be completed by friends or family members to help identify recent changes in cognitive behaviour or symptoms of worsening memory for someone you know. The completed form should be given to your GP / other health care provider and is used to log the changes that you see.

The form takes approximately 20 minutes to complete.

**Date:** .....

**The name of the person with possible cognitive changes:** .....

**Your name:** .....

**Please select your relationship to the person:**

Spouse ..... Child ..... Sibling ..... Friend / neighbour .....

**Please select how often you spend time with the person?**

Daily ..... Most days ..... Weekly ..... Less than once a week .....

**How long have you known the person?** ..... Years / months

**When did you first notice the symptoms?** .....

## Cognitive Symptoms Questionnaire

**A. Please indicate if you have noticed the RECENT ONSET or worsening of any of these signs of MEMORY DIFFICULTY**

<b><i>1. Failing to pass on messages</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>2. Forgetting about recent events</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>3. Forgetting something they were told a few minutes ago</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>4. Forgetting appointments</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>5. Inability to concentrate</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>6. Saying the same thing over and over</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>7. Difficulty thinking of words they want to use</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>8. Easily getting lost</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>9. Failing to recognise a place they have visited before</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

Continues on next sheet

## Cognitive Symptoms Questionnaire

**A. Please indicate if you have noticed the RECENT ONSET or worsening of any of these signs of MEMORY DIFFICULTY**

<b><i>10. Forgetting the names of people and places</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>11. Forgetting character's names whilst watching TV programmes</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>12. Forgetting what day it is</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>13. Getting the present mixed up with the past</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>14. Deciding to do something and forgetting after a few minutes</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>15. Forgetting to do something even though it's in front of them (e.g taking medication)</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>16. Forgetting to buy things they went out shopping for</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>17. Mislaying things they have just put down</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>18. Forgetting what they watched on TV yesterday</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

## Cognitive Symptoms Questionnaire

**B. Please indicate if you have noticed the RECENT ONSET or worsening of any of these signs of CHANGES IN LANGUAGE**

<b><i>1. Not talking very much</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>2. Using simpler language</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>3. Asking what certain words mean</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>4. Using words incorrectly (e.g 'table' for chair)</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>5. Long pauses whilst trying to find words</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>6. Distortion of speech</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>7. Stuttering</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>8. Difficulty following the thread of conversations</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>9. Repeating back things that other people have just said</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b><i>10. Using the same expression or catchphrase</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

## Cognitive Symptoms Questionnaire

On this page we would like you to provide information about repetitions in speech. Repetitive speech can take a number of forms: some people use a particular word over and over again when they are talking.

### C. How often do you hear REPETITIONS OF A 'FAVOURITE' WORD?

Many times a day

A few times a day

Hardly at all / never

*Are there any specific circumstances (e.g In company, on the phone, when stressed, particular times of the day) ? If so, please specify:*

*Can you recall any examples of frequently repeated words?  
If so, please write up to three examples:*

## Cognitive Symptoms Questionnaire

Others repeat familiar catchphrases (e.g. 'At the end of the day', 'It takes all sorts') or statements (e.g. 'It's very cold today').

### D. How often do you hear REPETITIONS OF THE SAME PHASES OR SENTENCES?

Many times a day

A few times a day

Hardly at all / never

*Are there any specific circumstances (e.g. In company, on the phone, when stressed, particular times of the day) ? If so, please specify:*

*Can you recall any examples of frequently repeated phrases or sentences?  
If so, please write up to three examples:*

## Cognitive Symptoms Questionnaire

Some people may also ask questions repeatedly (e.g. 'What day is it today?'; 'What time are we leaving?').

### E. How often do you hear REPETITIONS OF THE SAME QUESTIONS?

**Many times a day**

**A few times a day**

**Hardly at all / never**

*Are there any specific circumstances (e.g. In company, on the phone, when stressed, particular times of the day) ? If so, please specify:*

*Can you recall any examples of frequently repeated questions?  
If so, please write up to three examples:*

## Cognitive Symptoms Questionnaire

**F. Please indicate if you have noticed the RECENT ONSET or worsening of difficulties with any EVERYDAY SKILLS**

<b>1. Writing</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>2. Using the telephone</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>3. Handling money and paying bills</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>4. Driving (if applicable)</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>5. Household chores</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

**G. Please indicate if you have noticed the RECENT ONSET or exaggeration of any of these BELIEFS**

<b>1. Being suspicious of people or accusing them of things</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>2. Seeing or hearing things that are not there</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>3. Odd or bizarre ideas that cannot be true</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>4. Thinking that other people are living in the house</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>5. Thinking that a family member has been replaced by an imposter</b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>



## Cognitive Symptoms Questionnaire

H. Please indicate if you have noticed the RECENT ONSET or exaggeration of any of the following changes in MOTIVATION

<b>1. <i>Less enthusiastic for usual interests</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>2. <i>No interest in doing new things</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>3. <i>Loss of interest in socialising</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>4. <i>Loss of interest in friends and family</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>5. <i>Withdrawn or not initiating conversation</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>6. <i>Indifference to other people's worries or concerns</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>7. <i>Loss of affection</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

# Cognitive Symptoms Questionnaire

I. Please indicate if you have noticed the RECENT ONSET or exaggeration of any of the following types of BEHAVIOR

<i>1. Frequent crying or sadness / depression</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>2. Appearing anxious or fearful</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>3. Appearing restless or agitated</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>4. Rapid shifts between different emotions</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>5. Socially embarrassing behaviour</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>6. Treating strangers as if they were close friends</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>7. Acting impulsively without thinking</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>8. Being unusually cheerful or energetic</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>9. Exaggeration or boastfulness</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>10. Argumentative and easily irritable</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<i>11. Engaging in rigid routines or 'rituals'</i>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

## Cognitive Symptoms Questionnaire

**J. Please indicate if you have noticed the RECENT ONSET or exaggeration of any of these problems with SLEEP**

<b>1. <i>Disturbed night - time sleep</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>2. <i>Sleeping a lot during the day</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>3. <i>Loud snoring at night</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>4. <i>Long gaps between breaths (ten seconds or more)</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>5. <i>'Acting out dreams' whilst asleep</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>6. <i>Sleep - talking</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>7. <i>Sleep - walking</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>8. <i>Waking in the night and getting dressed, thinking it is morning</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>9. <i>Changes to sleep patterns - going to bed earlier or later than usual</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

## Cognitive Symptoms Questionnaire

**K. Please indicate if you have noticed the RECENT ONSET or exaggeration of any of these types of BEHAVIOR**

<b>12. <i>Hiding or hoarding things</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>13. <i>Wanting to eat a lot of sweets, cakes and chocolate</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>
<b>14. <i>Eating the same type of food every day, or eating food in the exact same order</i></b>	<b>Not really</b>	<b>Sometimes</b>	<b>Definitely</b>

**L. Do you think that he / she has any AWARENESS of or INSIGHT into his / her problems?**

<b>1. <i>Memory difficulties</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>
<b>2. <i>Language changes</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>
<b>3. <i>Difficulties with everyday skills</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>
<b>4. <i>Changes in beliefs</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>
<b>5. <i>Changes in behaviour or personality</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>
<b>6. <i>Changes or problems with sleep</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>
<b>7. <i>Changes in motivation</i></b>	<b>Aware</b>	<b>Unaware</b>	<b>Doesn't have these problem</b>

## Cognitive Symptoms Questionnaire

The answers provided will help your GP or clinician to understand any worsening symptoms and recent changes in behaviour that you have observed.

If this form has been provided by St Georges Hospital, we would like to ask your permission to add your responses to our anonymised electronic database to help our ongoing research. We combine your answers (without names or other information) with other questionnaires to gain a better understanding of changes in behaviour. We only use this anonymised information with your express permission.

### **We are happy for the answers provided to be stored in St Georges anonymised database**

Your signature (friend or family member); .....

Your signature (the person experiencing symptoms or behavioural changes); .....

Date: .....

### **We DO NOT want the answers provided to be stored in St Georges anonymised database**

Your signature (friend or family member); .....

Your signature (the person experiencing symptoms or behavioural changes); .....

Date: .....